

REQUEST FOR EDU ALLOCATION

Name of Current Property Owner (Applicant)		Designated Contact	
Home Phone	Work Phone	Home Phone	Work Phone
Fax Number	Email	Fax Number	Email
Street Address		Street Address	
City, State & Zip Code		City, State & Zip Code	

Developer

Name of Developer (if different)			
Home Phone	Work Phone	Fax	Email
Address			
City, State & Zip Code			

Project Site

Account Number	Requested Allocation Amount (GPD)		
Project Site Physical Address			
Description			
<input type="checkbox"/> Check if Priority Funding Area	Tax Map Number/Parcel Number	Lot Number (if applicable)	

Proposed Connection Point with the Existing System

Acknowledgement of Financial Obligation

I understand that, upon approval of this request, I will be assessed a reservation fee of ten percent (10%) of the total EDUs requested above in order to retain the EDU allocation. I understand that failure to pay this 10% reservation fee will cause me to lose any allocation over and above any existing allocation currently in place.

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